DEPARTMENT OF HEALTH AND ' HEALTH CARE FINANCING ADM	RVICES N		FORM APPROVED OMB NO. 0938-0193
TRANSMITTAL AN	CE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE	ATERIAL	04-002	Arizona
FOR: CENTERS FOR MED	AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TI SOCIAL SECURITY ACT (MEDIC	
TO: REGIONAL ADMINISTIC CENTERS FOR MEDICADEPARTMENT OF HEAD	ND MEDICAID SERVICES AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN	☐ AMENDMENT TO BE (CONSIDERED AS NEW PLAN	
		NDMENT (Separate Transmittal for each	
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT:	t diversalisation,
1902(r)(2)		a. FFY 2003-2004 \$0	
		b. FFY 2004-2005 \$	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 8a to Attachment 2.6-A., page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 8a to Attachment 2.6-A., page 1a	
10. SUBJECT OF AMENDM1 17 Disregard of Social Security Title		Poverty Guidelines have been implemen	ted.
COMMENTS OF GOVER	eck One): REPORTED NO COMMENT UNOR'S OFFICE ENCLOSED WITHIN 45 DAYS OF SUBMITTAL	☑ OTHER, AS SPEC	CIFIED:
12. SIGNATURE OF STATE AG	ENCY OFFICIAL:	16. RETURN TO:	
13. TYPED NAME: Lynn Dunton	Quenton		
14. TITLE:	•		
Assistant Director		-	
15. DATE SUBMITTED: February 17, 2004		İ	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: Februa	ry 24, 2004	18. DATE APPROVED: May	14,2004
The state of the s	PLAN APPROVED - ON	E COPY ATTACHED	
하고, 경영화경영화경영화경영화, 이번 1900년 1200년 br>1882년 1200년 1	OVED MATERIAL: ry 1, 2004	20 SIGNATURE OF REGIONAL OF	la Illinamoto
21. TYPED NAME: Linda M	inamoto	22. TITLE: Associate Regional Division of Medicaid	i Administrator & Children's Healt
23. REMARKS:			
		열대 이 조물과 회원 회사 전환 등이 되었다.	

Revision: HCFA-PM-91-4 AUGUST 1991 (BPD)

SUPPLEMENT 8a to ATTACHMENT 2.6-A

Page 1a

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARIZONA

II. Except for ALTCS eligibility, including individuals approved for ALTCS acute care services under 1902(a)(10)(A)(ii)(I) of the Act, the following income method applies to aged, blind or disabled individuals covered under 1902(a)(10)(A)(ii)(I) of the Act.

The State shall disregard the amount equal to the difference between 100% of the Federal poverty guidelines (as revised annually in the <u>Federal Register</u>) for an individual or a couple and the corresponding Federal Benefit Rate. (The disregard shall be applied by using 100% of the FPL for an individual or a couple as the income standard.)

When applying this disregard, if the individual or the individual's spouse has earned income, the \$20 and \$65 disregards shall apply according to SSI methodology, but not one-half of the remainder. If ineligible because the one-half of the remainder disregard is not allowed, eligibility shall also be determined using the FBR as the income standard for the individual or couple, allowing the \$20, \$65, and one-half of the remainder disregard according to SSI methodology.

In determining the income of an individual who is receiving Title II (Social Security) income, the State shall disregard the amount attributable to the cost of living increase in the level of monthly income payable pursuant to section 215(i) of the Act, from January until the State implements the Federal Poverty Guideline for the current year.

- III. The following income method applies to TWWIIA individuals covered in Sections #24 and #25 on ATTACHMENT 2.2-A, page 23d under 1902(a)(10)(A)(ii)(XV) and (XVI) of the Act. The State shall follow SSI computation rules with the following exceptions:
 - The State shall disregard the unearned income of the applicant/receipient.
 - The State shall disregard the earned and unearned income of the spouse and/or any other familiy members including a deduction for a minor child.
 - * More liberal methods may not result in exceeding income limitations under section 1903(f)
 - ** A child is a person, as defined in 20 CFR 416.1856, who is a natural child or adopted child of the applicant/recipient or his or her spouse.

Approval Date MAY 1 4 2004

TN No. <u>04-002</u> Supersedes TN No. <u>02-005</u> Effective Date

JAN

2004